♣ Approved for Filing: E. Chelsea-McCarty ♣

1	SEX OFFENSE AMENDMENTS
2	2019 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Ken Ivory
5	Senate Sponsor:
6 7	LONG TITLE
8	General Description:
9	This bill provides that sexual contact is without the consent of the victim if the victim is
)	over the age of 18 and the actor holds a position of special trust.
l	Highlighted Provisions:
2	This bill:
3	<ul> <li>expands the definition of "position of special trust" to a teacher, instructor, or</li> </ul>
ļ	teaching assistant at an institution of higher education;
5	<ul> <li>provides that sexual contact is without consent if the victim is over the age of 18</li> </ul>
Ó	and the actor holds a position of special trust;
7	requires that the actor have the ability to adversely affect the victim's livelihood; and
,	<ul> <li>makes technical corrections.</li> </ul>
)	Money Appropriated in this Bill:
)	None
1	Other Special Clauses:
2	None
3	<b>Utah Code Sections Affected:</b>
4	AMENDS:
5	31A-22-726, as last amended by Laws of Utah 2015, Chapter 283
6	53G-6-707, as renumbered and amended by Laws of Utah 2018, Chapter 3
7	62A-15-602, as last amended by Laws of Utah 2018, Chapter 322



	76-5-406, as last amended by Laws of Utah 2018, Chapter 176
	76-7-302, as last amended by Laws of Utah 2018, Chapter 282
	76-7-305, as last amended by Laws of Utah 2018, Chapter 282
Be it e	enacted by the Legislature of the state of Utah:
	Section 1. Section 31A-22-726 is amended to read:
	31A-22-726. Abortion coverage restriction in health benefit plan and on health
insur	ance exchange.
	(1) As used in this section, "permitted abortion coverage" means coverage for abortion:
	(a) that is necessary to avert:
	(i) the death of the woman on whom the abortion is performed; or
	(ii) a serious risk of substantial and irreversible impairment of a major bodily function
of the	woman on whom the abortion is performed;
	(b) of a fetus that has a defect that is documented by a physician or physicians to be
unifor	mly diagnosable and uniformly lethal; or
	(c) where the woman is pregnant as a result of:
	(i) rape, as described in Section 76-5-402;
	(ii) rape of a child, as described in Section 76-5-402.1; or
	(iii) incest, as described in Subsection 76-5-406[(10)](1)(j) or Section 76-7-102.
	(2) A person may not offer coverage for an abortion in a health benefit plan, unless the
cover	age is a type of permitted abortion coverage.
	(3) A person may not offer a health benefit plan that provides coverage for an abortion
in a h	ealth insurance exchange [created under Title 63N, Chapter 11, Health System Reform
Act,]	unless the coverage is a type of permitted abortion coverage.
	(4) A person may not offer a health benefit plan that provides coverage for an abortion
in a h	ealth insurance exchange created under the federal Patient Protection and Affordable Care
Act, 1	11 P.L. 148, unless the coverage is a type of permitted abortion coverage.
	Section 2. Section <b>53G-6-707</b> is amended to read:
	53G-6-707. Interstate compact students Inclusion in attendance count
Forei	gn exchange students Annual report Requirements for exchange student
agena	ries

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(1) A school district or charter school may include the following students in the district's or school's membership and attendance count for the purpose of apportionment of state money:

- (a) a student enrolled under an interstate compact, established between the State Board of Education and the state education authority of another state, under which a student from one compact state would be permitted to enroll in a public school in the other compact state on the same basis as a resident student of the receiving state; or
- (b) a student receiving services under Title 62A, Chapter 4a, Part 7, Interstate Compact on Placement of Children.
  - (2) A school district or charter school may:

- (a) enroll foreign exchange students that do not qualify for state money; and
- (b) pay for the costs of those students with other funds available to the school district or charter school.
- (3) Due to the benefits to all students of having the opportunity to become familiar with individuals from diverse backgrounds and cultures, school districts are encouraged to enroll foreign exchange students, as provided in Subsection (2), particularly in schools with declining or stable enrollments where the incremental cost of enrolling the foreign exchange student may be minimal.
- (4) The board shall make an annual report to the Legislature on the number of exchange students and the number of interstate compact students sent to or received from public schools outside the state.
- (5) (a) A local school board or charter school governing board shall require each approved exchange student agency to provide it with a sworn affidavit of compliance prior to the beginning of each school year.
  - (b) The affidavit shall include the following assurances:
  - (i) that the agency has complied with all applicable policies of the board;
- (ii) that a household study, including a background check of all adult residents, has been made of each household where an exchange student is to reside, and that the study was of sufficient scope to provide reasonable assurance that the exchange student will receive proper care and supervision in a safe environment;
  - (iii) that host parents have received training appropriate to their positions, including

information about enhanced criminal penalties under Subsection 76-5-406[(10)](1)(j) for persons who are in a position of special trust;

- (iv) that a representative of the exchange student agency shall visit each student's place of residence at least once each month during the student's stay in Utah;
- (v) that the agency will cooperate with school and other public authorities to ensure that no exchange student becomes an unreasonable burden upon the public schools or other public agencies;
- (vi) that each exchange student will be given in the exchange student's native language names and telephone numbers of agency representatives and others who could be called at any time if a serious problem occurs; and
- (vii) that alternate placements are readily available so that no student is required to remain in a household if conditions appear to exist which unreasonably endanger the student's welfare.
- (6) (a) A local school board or charter school governing board shall provide each approved exchange student agency with a list of names and telephone numbers of individuals not associated with the agency who could be called by an exchange student in the event of a serious problem.
- (b) The agency shall make a copy of the list available to each of its exchange students in the exchange student's native language.
- (7) Notwithstanding Subsection 53F-2-303(3)(a), a school district or charter school shall enroll a foreign exchange student if the foreign exchange student:
  - (a) is sponsored by an agency approved by the State Board of Education;
- (b) attends the same school during the same time period that another student from the school is:
  - (i) sponsored by the same agency; and
  - (ii) enrolled in a school in a foreign country; and
- (c) is enrolled in the school for one year or less.
- 117 Section 3. Section **62A-15-602** is amended to read:
- 118 **62A-15-602. Definitions.**

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119 As used in this part, Part 7, Commitment of Persons Under Age 18 to Division of 120 Substance Abuse and Mental Health, Part 8, Interstate Compact on Mental Health, Part 9, Utah Forensic Mental Health Facility, Part 10, Declaration for Mental Health Treatment, and Part 12, Essential Treatment and Intervention Act:

- (1) "Adult" means an individual 18 years of age or older.
- (2) "Approved treatment facility or program" means a treatment provider that meets the standards described in Subsection 62A-15-103(2)(a)(v).
- (3) "Commitment to the custody of a local mental health authority" means that an adult is committed to the custody of the local mental health authority that governs the mental health catchment area where the adult resides or is found.
- (4) "Community mental health center" means an entity that provides treatment and services to a resident of a designated geographical area, that operates by or under contract with a local mental health authority, and that complies with state standards for community mental health centers.
  - (5) "Designated examiner" means:

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- (a) a licensed physician, preferably a psychiatrist, who is designated by the division as specially qualified by training or experience in the diagnosis of mental or related illness; or
- (b) a licensed mental health professional designated by the division as specially qualified by training and who has at least five years' continual experience in the treatment of mental illness.
- (6) "Designee" means a physician who has responsibility for medical functions including admission and discharge, an employee of a local mental health authority, or an employee of a person that has contracted with a local mental health authority to provide mental health services under Section 17-43-304.
- (7) "Essential treatment" and "essential treatment and intervention" mean court-ordered treatment at a local substance abuse authority or an approved treatment facility or program for the treatment of an adult's substance use disorder.
- (8) "Harmful sexual conduct" means the following conduct upon an individual without the individual's consent, including the nonconsensual circumstances described in [Subsections]

  Section 76-5-406[(1) through (12)]:
  - (a) sexual intercourse;
  - (b) penetration, however slight, of the genital or anal opening of the individual;
- (c) any sexual act involving the genitals or anus of the actor or the individual and the

152	mouth or anus of either individual, regardless of the gender of either participant; or
153	(d) any sexual act causing substantial emotional injury or bodily pain.
154	(9) "Institution" means a hospital or a health facility licensed under Section 26-21-8.
155	(10) "Local substance abuse authority" means the same as that term is defined in
156	Section 62A-15-102 and described in Section 17-43-201.
157	(11) "Mental health facility" means the Utah State Hospital or other facility that
158	provides mental health services under contract with the division, a local mental health
159	authority, a person that contracts with a local mental health authority, or a person that provides
160	acute inpatient psychiatric services to a patient.
161	(12) "Mental health officer" means an individual who is designated by a local mental
162	health authority as qualified by training and experience in the recognition and identification of
163	mental illness, to:
164	(a) apply for and provide certification for a temporary commitment; or
165	(b) assist in the arrangement of transportation to a designated mental health facility.
166	(13) "Mental illness" means:
167	(a) a psychiatric disorder that substantially impairs an individual's mental, emotional,
168	behavioral, or related functioning; or
169	(b) the same as that term is defined in:
170	(i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders
171	published by the American Psychiatric Association; or
172	(ii) the current edition of the International Statistical Classification of Diseases and
173	Related Health Problems.
174	(14) "Patient" means an individual who is:
175	(a) under commitment to the custody or to the treatment services of a local mental
176	health authority; or
177	(b) undergoing essential treatment and intervention.
178	(15) "Physician" means an individual who is:
179	(a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
180	(b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical
181	Practice Act.
182	(16) "Serious bodily injury" means bodily injury that involves a substantial risk of

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or violence;

- 183 death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or 184 protracted loss or impairment of the function of a bodily member, organ, or mental faculty. 185 (17) "Substantial danger" means that due to mental illness, an individual is at serious 186 risk of: 187 (a) suicide; 188 (b) serious bodily self-injury; 189 (c) serious bodily injury because the individual is incapable of providing the basic 190 necessities of life, including food, clothing, or shelter: 191 (d) causing or attempting to cause serious bodily injury to another individual; or 192 (e) engaging in harmful sexual conduct. 193 (18) "Treatment" means psychotherapy, medication, including the administration of 194 psychotropic medication, or other medical treatments that are generally accepted medical or 195 psychosocial interventions for the purpose of restoring the patient to an optimal level of 196 functioning in the least restrictive environment. 197 Section 4. Section **76-5-406** is amended to read: 198 76-5-406. Sexual offenses against the victim without consent of victim --199 Circumstances. 200 (1) An act of sexual intercourse, rape, attempted rape, rape of a child, attempted rape of 201 a child, object rape, attempted object rape, object rape of a child, attempted object rape of a 202 child, sodomy, attempted sodomy, forcible sodomy, attempted forcible sodomy, sodomy on a 203 child, attempted sodomy on a child, forcible sexual abuse, attempted forcible sexual abuse, 204 sexual abuse of a child, attempted sexual abuse of a child, aggravated sexual abuse of a child, 205 attempted aggravated sexual abuse of a child, or simple sexual abuse is without consent of the 206 victim under any of the following circumstances: 207 [(1)] (a) the victim expresses lack of consent through words or conduct; 208  $\left[\frac{2}{2}\right]$  (b) the actor overcomes the victim through the actual application of physical force
  - [(3)] (c) the actor is able to overcome the victim through concealment or by the element of surprise;
  - [(4) (a)] (d) (i) the actor coerces the victim to submit by threatening to retaliate in the immediate future against the victim or any other person, and the victim perceives at the time

214	that the actor has the ability to execute this threat; [or]
215	(ii) the actor coerces the victim to submit by threatening to retaliate in the future
216	against the victim or any other person, and the victim believes at the time that the actor has the
217	ability to execute this threat; or
218	$[\frac{(b)}{(iii)}]$ as used in this Subsection $[\frac{(4)}{(1)}]$ "to retaliate" includes threats of
219	physical force, kidnapping, or extortion;
220	[(5)] (e) the actor knows the victim is unconscious, unaware that the act is occurring, or
221	physically unable to resist;
222	[(6)] (f) the actor knows or reasonably should know that the victim has a mental
223	disease or defect, which renders the victim unable to:
224	[(a)] (i) appraise the nature of the act;
225	[(b)] (ii) resist the act;
226	[(e)] (iii) understand the possible consequences to the victim's health or safety; or
227	[(d)] (iv) appraise the nature of the relationship between the actor and the victim[-];
228	[ <del>(7)</del> ] (g) the actor knows that the victim submits or participates because the victim
229	erroneously believes that the actor is the victim's spouse;
230	[(8)] (h) the actor intentionally impaired the power of the victim to appraise or control
231	his or her conduct by administering any substance without the victim's knowledge;
232	[ <del>(9)</del> ] <u>(i)</u> the victim is younger than 14 years of age;
233	[(10)] (j) the victim is younger than 18 years of age and at the time of the offense the
234	actor was the victim's parent, stepparent, adoptive parent, or legal guardian or occupied a
235	position of special trust in relation to the victim as defined in Section 76-5-404.1;
236	(k) the victim is 18 years of age or older at the time of the act, the actor occupied a
237	position of special trust as defined in Subsection (2), and the actor at the time of the act had the
238	ability to adversely affect the victim's employment, educational opportunities, livelihood,
239	access to health care, or ability to gain pay or promotion opportunities;
240	[(11)] (1) the victim is 14 years of age or older, but younger than 18 years of age, and
241	the actor is more than three years older than the victim and entices or coerces the victim to
242	submit or participate, under circumstances not amounting to the force or threat required under
243	Subsection (2) or (4); or
244	$\left[\frac{(12)}{(12)}\right]$ (m) the actor is a health professional or religious counselor, as those terms are

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245	defined in [this] Subsection [(12),] (2): and
246	(i) the act is committed under the guise of providing professional diagnosis,
247	counseling, or treatment[;]; and
248	(ii) at the time of the act the victim reasonably believed that the act was for medically
249	or professionally appropriate diagnosis, counseling, or treatment to the extent that resistance by
250	the victim could not reasonably be expected to have been manifested[; for].
251	(2) For purposes of [this] Subsection [(12)] (1):
252	(a) "health professional" means an individual who is licensed or who holds himself or
253	herself out to be licensed, or who otherwise provides professional physical or mental health
254	services, diagnosis, treatment, or counseling including, but not limited to, a physician,
255	osteopathic physician, nurse, dentist, physical therapist, chiropractor, mental health therapist,
256	social service worker, clinical social worker, certified social worker, marriage and family
257	therapist, professional counselor, psychiatrist, psychologist, psychiatric mental health nurse
258	specialist, or substance abuse counselor; [and]
259	(b) "livelihood" means the means of supporting an individual's basic necessities of life,
260	including food, clothing, or shelter;
261	(c) "position of special trust" includes a teacher, instructor, professor, or teaching
262	assistant at a public or private institution of higher education in addition to the same actors as
263	listed in Section 76-5-404.1; and
264	[(b)] (d) "religious counselor" means a minister, priest, rabbi, bishop, or other
265	recognized member of the clergy.
266	Section 5. Section 76-7-302 is amended to read:
267	76-7-302. Circumstances under which abortion authorized.
268	(1) As used in this section, "viable" means that the unborn child has reached a stage of
269	fetal development when the unborn child is potentially able to live outside the womb, as
270	determined by the attending physician to a reasonable degree of medical certainty.
271	(2) An abortion may be performed in this state only by a physician.
272	(3) An abortion may be performed in this state only under the following circumstances
273	(a) the unborn child is not viable; or
274	(b) the unborn child is viable, if:

(i) the abortion is necessary to avert:

(A) the death of the woman on whom the abortion is performed; or

277	(B) a serious risk of substantial and irreversible impairment of a major bodily function
278	of the woman on whom the abortion is performed;
279	(ii) two physicians who practice maternal fetal medicine concur, in writing, in the
280	patient's medical record that the fetus has a defect that is uniformly diagnosable and uniformly
281	lethal; or
282	(iii) (A) the woman is pregnant as a result of:
283	(I) rape, as described in Section 76-5-402;
284	(II) rape of a child, as described in Section 76-5-402.1; or
285	(III) incest, as described in Subsection $76-5-406[\underbrace{(10)}](1)(\underline{j})$ or Section $76-7-102$ ; and
286	(B) before the abortion is performed, the physician who performs the abortion:
287	(I) verifies that the incident described in Subsection (3)(b)(iii)(A) has been reported to
288	law enforcement; and
289	(II) complies with the requirements of Section 62A-4a-403.
290	(4) An abortion may be performed only in an abortion clinic or a hospital, unless it is
291	necessary to perform the abortion in another location due to a medical emergency.
292	Section 6. Section 76-7-305 is amended to read:
293	76-7-305. Informed consent requirements for abortion 72-hour wait mandatory
294	Exceptions.
295	(1) A person may not perform an abortion, unless, before performing the abortion, the
296	physician who will perform the abortion obtains a voluntary and informed written consent from
297	the woman on whom the abortion is performed, that is consistent with:
298	(a) Section 8.08 of the American Medical Association's Code of Medical Ethics,
299	Current Opinions; and
300	(b) the provisions of this section.
301	(2) Except as provided in Subsection (8), consent to an abortion is voluntary and
302	informed only if, at least 72 hours before the abortion:
303	(a) a staff member of an abortion clinic or hospital, physician, registered nurse, nurse
304	practitioner, advanced practice registered nurse, certified nurse midwife, genetic counselor, or
305	physician's assistant presents the information module to the pregnant woman;
306	(b) the pregnant woman views the entire information module and presents evidence to

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307	the individual described in Subsection (2)(a) that the pregnant woman viewed the entire
308	information module;
309	(c) after receiving the evidence described in Subsection (2)(b), the individual described
310	in Subsection (2)(a):
311	(i) documents that the pregnant woman viewed the entire information module;
312	(ii) gives the pregnant woman, upon her request, a copy of the documentation
313	described in Subsection (2)(c)(i); and
314	(iii) provides a copy of the statement described in Subsection (2)(c)(i) to the physician
315	who is to perform the abortion, upon request of that physician or the pregnant woman;
316	(d) after the pregnant woman views the entire information module, the physician who
317	is to perform the abortion, the referring physician, a physician, a registered nurse, nurse
318	practitioner, advanced practice registered nurse, certified nurse midwife, genetic counselor, or
319	physician's assistant, in a face-to-face consultation in any location in the state, orally informs
320	the woman of:
321	(i) the nature of the proposed abortion procedure;
322	(ii) specifically how the procedure described in Subsection (2)(d)(i) will affect the
323	fetus;
324	(iii) the risks and alternatives to the abortion procedure or treatment;
325	(iv) the options and consequences of aborting a medication-induced abortion, if the
326	proposed abortion procedure is a medication-induced abortion;
327	(v) the probable gestational age and a description of the development of the unborn
328	child at the time the abortion would be performed;
329	(vi) the medical risks associated with carrying her child to term; and
330	(vii) the right to view an ultrasound of the unborn child, at no expense to the pregnant
331	woman, upon her request; and
332	(e) after the pregnant woman views the entire information module, a staff member of
333	the abortion clinic or hospital provides to the pregnant woman:
334	(i) on a document that the pregnant woman may take home:
335	(A) the address for the department's website described in Section 76-7-305.5; and
336	(B) a statement that the woman may request, from a staff member of the abortion clinic

or hospital where the woman viewed the information module, a printed copy of the material on

338	the department's website; and
339	(ii) a printed copy of the material on the department's website described in Section
340	76-7-305.5, if requested by the pregnant woman.
341	(3) Before performing an abortion, the physician who is to perform the abortion shall:
342	(a) in a face-to-face consultation, provide the information described in Subsection
343	(2)(d), unless the attending physician or referring physician is the individual who provided the
344	information required under Subsection (2)(d); and
345	(b) (i) obtain from the pregnant woman a written certification that the information
346	required to be provided under Subsection (2) and this Subsection (3) was provided in
347	accordance with the requirements of Subsection (2) and this Subsection (3); and
348	(ii) obtain a copy of the statement described in Subsection (2)(c)(i).
349	(4) When a serious medical emergency compels the performance of an abortion, the
350	physician shall inform the woman prior to the abortion, if possible, of the medical indications
351	supporting the physician's judgment that an abortion is necessary.
352	(5) If an ultrasound is performed on a woman before an abortion is performed, the
353	individual who performs the ultrasound, or another qualified individual, shall:
354	(a) inform the woman that the ultrasound images will be simultaneously displayed in a
355	manner to permit her to:
356	(i) view the images, if she chooses to view the images; or
357	(ii) not view the images, if she chooses not to view the images;
358	(b) simultaneously display the ultrasound images in order to permit the woman to:
359	(i) view the images, if she chooses to view the images; or
360	(ii) not view the images, if she chooses not to view the images;
361	(c) inform the woman that, if she desires, the person performing the ultrasound, or
362	another qualified person shall provide a detailed description of the ultrasound images,
363	including:
364	(i) the dimensions of the unborn child;
365	(ii) the presence of cardiac activity in the unborn child, if present and viewable; and
366	(iii) the presence of external body parts or internal organs, if present and viewable; and
367	(d) provide the detailed description described in Subsection [ $\frac{(6)}{(5)}$ ] $\frac{(5)}{(c)}$ , if the woman
368	requests it.

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369	(6) The information described in Subsections (2), (3), and (5) is not required to be
370	provided to a pregnant woman under this section if the abortion is performed for a reason
371	described in:
372	(a) Subsection 76-7-302(3)(b)(i), if the treating physician and one other physician
373	concur, in writing, that the abortion is necessary to avert:
374	(i) the death of the woman on whom the abortion is performed; or
375	(ii) a serious risk of substantial and irreversible impairment of a major bodily function
376	of the woman on whom the abortion is performed; or
377	(b) Subsection 76-7-302(3)(b)(ii).
378	(7) In addition to the criminal penalties described in this part, a physician who violates
379	the provisions of this section:
380	(a) is guilty of unprofessional conduct as defined in Section 58-67-102 or 58-68-102;
381	and
382	(b) shall be subject to:
383	(i) suspension or revocation of the physician's license for the practice of medicine and
384	surgery in accordance with Section 58-67-401 or 58-68-401; and
385	(ii) administrative penalties in accordance with Section 58-67-402 or 58-68-402.
386	(8) A physician is not guilty of violating this section for failure to furnish any of the
387	information described in Subsection (2) or (3), or for failing to comply with Subsection (5), if:
388	(a) the physician can demonstrate by a preponderance of the evidence that the
389	physician reasonably believed that furnishing the information would have resulted in a severely
390	adverse effect on the physical or mental health of the pregnant woman;
391	(b) in the physician's professional judgment, the abortion was necessary to avert:
392	(i) the death of the woman on whom the abortion is performed; or
393	(ii) a serious risk of substantial and irreversible impairment of a major bodily function
394	of the woman on whom the abortion is performed;
395	(c) the pregnancy was the result of rape or rape of a child, as defined in Sections
396	76-5-402 and 76-5-402.1;
397	(d) the pregnancy was the result of incest, as defined in Subsection 76-5-406[(10)]
398	(1)(j) and Section 76-7-102; or

(e) at the time of the abortion, the pregnant woman was 14 years of age or younger.

ruptured membrane.

(9) A physician who complies with the provisions of this section and Section
76-7-304.5 may not be held civilly liable to the physician's patient for failure to obtain
informed consent under Section 78B-3-406.
(10) (a) The department shall provide an ultrasound, in accordance with the provisions
of Subsection (5)(b), at no expense to the pregnant woman.
(b) A local health department shall refer a pregnant woman who requests an ultrasound
described in Subsection (10)(a) to the department.
(11) A physician is not guilty of violating this section if:
(a) the information described in Subsection (2) is provided less than 72 hours before
the physician performs the abortion; and
(b) in the physician's professional judgment, the abortion was necessary in a case
where:
(i) a ruptured membrane, documented by the attending or referring physician, will
cause a serious infection; or
(ii) a serious infection, documented by the attending or referring physician, will cause a